24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes		C C00489799
	eport X Amends report	t filed on 08 / 17 / 2016
Full Name of Payee Latino Decisions		Date of Public Distribution/Dissemination
		08 / 10 / Y Y Y Y Y
Mailing Address 15 South Grady Way, Suite 620		Amount
City State Zip Code		13600.00
Seattle WA	98057	Transaction ID : B622315 Date of Disbursement or Obligation
Purpose of Expenditure Polling	Category/ Type 004	08 / 10 / 2016
Name of Federal Candidate	Support (Office Sought: House District:
Hillary Clinton	Oppose	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
Full Name of Payee 76 Words		Date of Public Distribution/Dissemination
		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1806 Vernon St, NW #100		Amount
City State	Zip Code	82817.26
Washington DC	20009	Transaction ID: B622316 Date of Disbursement or Obligation
Purpose of Expenditure Ad production and commission-Estimated costs	Category/ Type 004	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:
Pat Toomey	X Oppose	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
() CURTOTAL of the size of body and out Even and it was		2047.00
(a) SUBTOTAL of Itemized Independent Expenditures		96417.26
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures)
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	•	
Deirdre Schifeling [Electro	onically Filed] Date	08 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
0.9.1		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

ooneddic Ly	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Planned Parenthood Votes	C C00489799			
Check if 24-hour report 48-hour report New report Amends report filed on	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	te of Public Distribution/Dissemination			
GMMB	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 3050 K Street, NW/Suite 300	nount			
City State Zip Code	1126022.00			
Washington DC 20007 Tra	ansaction ID : B622317 te of Disbursement or Obligation			
Purpose of Expenditure Ad Buy Category/ Type 004	08			
Name of Federal Candidate Support Office Sou	ught: House District:			
Pat Toomey Oppose Pres	sident X Senate State: PA			
Calendar Year-To-Date Per Election for Office Sought Disbursem 2016	nent For: Primary ⊠ General Other (specify) ▶			
Bully Pulpit Interactive Mailing Address 1140 Connecticut Ave NW #800	te of Public Distribution/Dissemination M			
City State Zip Code	230000.01			
Washington DC 20036 Tran	nsaction ID : B622318 te of Disbursement or Obligation			
Purpose of Expenditure Digital Ad Buy Category/ Type 004	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office Sou	ught: House District:			
Pat Toomey Oppose Pres	sident State: PA			
Calendar Year-To-Date Per Election for Office Sought Disbursem 2016	nent For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	1356022.01			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Deirdre Schifeling [Electronically Filed] Date 08	/ DID / YIYIY 17 2016			
Signature				

PAGE 2

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE	OF FORM 24/48		
NAME OF COMMITTEE (In Full)		ATION NUMBER ▼		
Planned Parenthood Votes				
	C C004897	99 -		
Check if 24-hour report 48-hour report New report	Amends report filed on 08 17	2016		
Full Name of Payee	Date of Public Distribut	tion/Dissemination		
Latino Decisions	08 / 10	/ Y Y Y Y Y Y 2016		
Mailing Address 15 South Grady Way, Suite 620	00 10	2010		
The second state of the second	Amount			
City State Zip Cod	9	13600.00		
Seattle WA 98057	Transaction ID : B622			
Purpose of Expenditure	Date of Disbursement			
Polling	ry/ pe 004 08 10	2016		
Name of Federal Candidate	Support Office Sought: House	District:		
Donald Trump	Oppose President Senate	e State: US		
Calendar Year-To-Date		nary X General		
Per Election for Office Sought 762003	.02 2016 Other (specify) ▶			
Full Name of Payee	Date of Public Distribu	tion/Dissemination		
	M = M / D = D	/ Y = Y = Y = Y		
Mailing Address				
	Amount			
City State Zip Coc	e			
	Data of Dishuranana	au Obligation		
Purpose of Expenditure Categor	Date of Disbursement	or Obligation		
	pe			
Name of Federal Candidate	Support Office Sought: House	District:		
	Oppose President Senate			
Calendar Year-To-Date Per Election for Office Sought		nary General		
, and the second	Other (specify)			
(a) CURTOTAL of Remined Independent Formations				
(a) SUBTOTAL of Itemized Independent Expenditures	······································	13600.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(a) 3331017E of Officering on Traceportation Experiences	•			
(c) TOTAL Independent Expenditures		1466039.27		
	7	1-0003.21		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political				
party committee) any political party committee or its agent.				
Detailer Califolius				
Deirdre Schifeling [Electronically File	d) Date 08 17	2016		
Signature				